How to Add Delegates to the Master Account

Master Account Holders of eKASPER may set up delegates to their accounts to request reports on their behalf. Delegates can only be requested through the master account holder's Administration screens. Delegates may be added automatically without generating any paperwork. Or they may be added through a 'paper' Delegate Request process.
Click on a step below to quickly jump to that section of this document:

To automatically add the delegate:

Step 1: The master account holder (MAH) must logon to his account and select the 'Administration' link from the navigational menu:

Step 2: You may either click "Delegate Administration" in the navigational menu or click the Add Delegate hyper-link:

Step 3: Clicking either link re-directs you to the Delegate Request screen. Delegate screens may vary slightly in appearance and requirements, depending on the account type:

    Section (a): Personal Information
    The delegate's personal information is **required** for this section

Section (b): Professional Information

(1.) The delegate's professional information is **optional** for the following account types:

Prescriber:

ARNP:

Pharmacist:

(2.) The delegate's professional information is **required** for all Law Enforcement and CHFS (Medicaid/OIG) delegates. A drop-down box allows for Badge or Employee ID to be selected as the ID type for the Law Enforcement delegates:

Law Enforcement:

CHFS:

Employee ID*	

(3.) Delegates for Judges do not have a requirement for additional professional information.

Section (c.): Facility Information

The delegate uses the same facility information as the MAH—it is already on the screen when the screen is opened. Some MAHs have multiple facilities. All active facilities under the MAH's account are checked for the delegate. If the master account holder does not want a delegate to request reports from a particular facility, he must un-check the 'Active' box next to that facility.
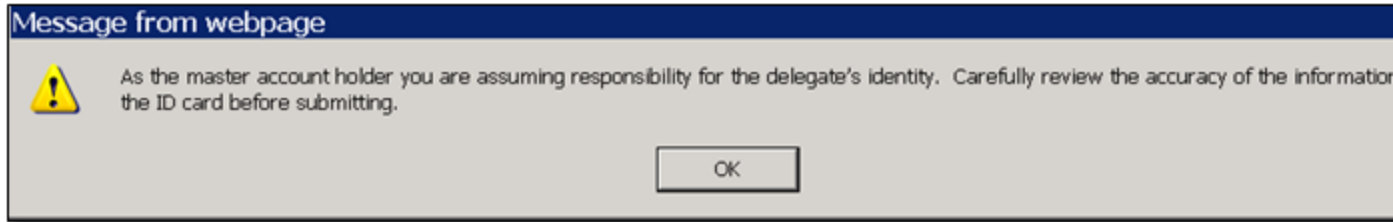
Step 4: Enter the delegate's information. Asterisks will indicate which fields are required:

Delegate Request

Please READ the instructions! Most questions are answered here.   Print Instructions

Personal Information

First Name*	Dale	Last Name*	Gate
DOB*	01/01/1950	Account Type	Prescriber
ID Type*	Driver's License	ID*	D98-765-432
Degree		Last 4 digit SSN*	7777
State Issued	KY		

Email Address* ekasperhelp@ky.gov
Mother's maiden name* Mom

Address* Delegate Address
City* City   State KY   Zip Code* 44444
Home Phone* 555 123 4567   Requests Per Day 100   Email Notification None

Please note:

- Only the last four digits of the SSN are required. SSN is used for identification purposes.
- ID Type defaults on Driver's License; State Issued defaults on KY. If driver's license is used as the ID Type (and the state issued is KY), the driver's license will be checked against the Kentucky Department of Transportation's database.
- If the delegate has an out-of-state driver's license, or if "Other Type" is selected the ID Type, there cannot be verification for the delegate against the Ky. Dept. of Transportation. The master account holder will then receive a message requiring him/her to assume responsibility for the delegate's identity:

Message from webpage

⚠ As the master account holder you are assuming responsibility for the delegate's identity. Carefully review the accuracy of the information the ID card before submitting.

[OK]

Step 5: If the delegate's information has been entered, click the Automatically Add Delegate button. If the information provided in the fields does not exactly match the information provided by the Ky. Dept. of Transportation, a message will be received stating there could not be a match found (see below). Verify that all information is correctly entered, make any corrections necessary, and click the Automatically Add Delegate button again.

Delegate Request

Could not find any match for name, address, and Driver's License in the system. If you are unable to resolve this issue, continue to the paper process. An application form will be generated in a separate window. You will be required to print out this form and follow the instructions per the 3rd page.

Please READ the instructions! Most questions are answered here.　🖨　Print Instructions

Personal Information

First Name*	Dale	Last Name*	Gate
DOB*	01/01/1950	Account Type	Prescriber
ID Type*	Driver's License	ID*	D98-765-432
Degree		Last 4 digit SSN*	7777
State Issued	KY		

Email Address* | ekasperhelp@ky.gov

Mother's maiden name* | Mom

Address*	Delegate Address				
City*	City	State	KY	Zip Code*	44444
Home Phone*	555 123 4567	Requests Per Day	100	Email Notification	None

Pro Lic. /Reg #

DEA#

Facility Information

Name	Phone	Fax	Address	City	State	Zip	Select	Active
GENERAL HOSPITAL	(555) 222-3300	(555) 222-4040	FACILITY LOCATION	CITY	KY	44444	☑	☑
HEALTH CLINIC	(555) 777-8800	(555) 777-9090	CLINIC ADDRESS	CITY	KY	44444	☑	☑

Delegate Roles

☑ Request　☑ View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

> Automatically Add Delegate

NOTE: If the message continues despite corrections, the Driver's License verification can be turned off by selecting '---other type---' in the ID Type drop-down field; you will still need to enter the delegate's license information in the ID text field. Click 'OK' to the message requiring the master account holder to assume responsibility for the delegate's identity, then click the Automatically Add Delegate button again.

Step 6: When the delegate has been automatically added/approved, a confirmation screen will be received:

To request a delegate account using the 'paper' process:

The following will be required to produce the hard-copy application and Terms of Account Use documents in the "paper" Delegate Request process**:**

- Our users must use Internet Explorer, 5.5 or higher (other browsers, such as Google Chrome, Safari, Opera, or AOL Desktop are not supported by our application). We also allow for Mozilla Firefox, version 12 or higher to support our application. Younger versions of Firefox are not compatible.
- Our users must allow pop-ups and cookies from our site. By adding our domain name of https://ekasper.chfs.ky.gov to Trusted Sites and/or to Pop-up Blocker Settings in Internet Options, this will resolve the pop-up blockers within Microsoft Windows. This will not turn off pop-up blockers from other sources (such as the Yahoo! or Google toolbars). The Privacy setting in Internet Options should be set no higher than Medium. The Temporary Internet Files and History Settings in Internet Options should be set to "Automatically" check for newer versions of stored pages.
- Certain mal-ware and anti-spyware may contain elements that prevent cookies from being accepted from our website. Microsoft Defender is one of these products. If you are using Microsoft Defender, please disable it.
- Our users must have Adobe Acrobat Reader, as our reports must open in .pdf. Sometimes, other products may be simultaneously installed with many versions Adobe Reader, such as Google Chrome, Google Chrome toolbar, Adobe AIR or Adobe Manager. Some of these products may interfere with the reports window opening. Multiple versions of Adobe Reader (for instance, having both Adobe Reader 9 and X) will also interfere with the reports window opening.
- If your .pdf window opens blank (or grey), close the window, then re-open. If the issue continues, you might want to visit the following troubleshooting site for Adobe: http://helpx.adobe.com/acrobat/kb/cant-view-pdf-web.html

Follow Steps 1 through 4 listed in the "To automatically add the delegate" section
Step 5: Click the 'Review Form' button.

Step 6: A separate (Adobe) window should "pop-up" containing a document titled "REVIEW FORM—DO NOT SUBMIT". **Please check the form for any necessary corrections!**

To make corrections:
- Close the Review Form window
- Make the necessary corrections in the proper boxes

• Click the Review Form button again and re-examine the document to ensure the changes were made

Step 7: If no corrections are necessary, click the 'X' in the upper right-hand corner of the Adobe window with the REVIEW FORM document:

Step 8: Click the 'Submit/Print Application' button:

Step 9: The Adobe window reopens, with the required hard-copy application form for the delegate. The bar code in the top-right corner of the document has the delegate's confirmation number printed below:

Step 10:   Print out the APPLICATION FORM FOR ACCESS TO KASPER DATA and Terms of Account Use documents from within the Adobe window:

NOTE: A third page of instructions accompanies the application. They explain what to do with the printed documents.

Step 11: The Delegate Request screen has now changed to the confirmation screen:

Step 12: You may now either: Submit another delegate request OR, Log Out